

FILED MAR 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1341

BIRTH NO.		REG. DIST. NO. 82		PRIMARY REG. DIST. NO. 3017		Registrar's No. 18	
1. PLACE OF DEATH a. COUNTY <b>Cooper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Boonville</b>		c. LENGTH OF STAY (in this place) <b>Life</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Boonville</b>		0272	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Alex VanRavenswaay Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>417 Seventh St. (Rear)</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b>		b. (Middle)		c. (Last) <b>Rentchler</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>February 24 1950</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>May 14 1872</b>	
9. AGE (In years last birthday) <b>77</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General</b>		11. BIRTHPLACE (State or foreign country) <b>Cooper County, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>							
13a. FATHER'S NAME <b>David Rentchler</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Stegner</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Edward Rentchler Boonville, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia (hypostatic)</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b> <b>E 903 0</b> <b>20</b> ANTECEDENT CAUSES <b>Concomitant Fracture of L</b> <b>Lower 2nd rib</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Boonville Cooper Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>10/13 1950 3:30</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>fell on back</b>			
22. I hereby certify that I attended the deceased from <b>2/4 1950</b> , to <b>2/24 1950</b> , that I last saw the deceased alive on <b>2/24 1950</b> , and that death occurred at <b>11:20 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Alex VanRavenswaay M.D.</b>				23b. ADDRESS <b>Boonville Mo.</b>		23c. DATE SIGNED <b>2-27-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 26 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Grove</b>		24d. LOCATION (City, town, or county) (State) <b>Boonville, Missouri.</b>	
DATE REC'D BY LOCAL REG <b>Feb-27-1950</b>		REGISTRAR'S SIGNATURE <b>De Hooper</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Goodman &amp; Boller, Boonville, Missouri.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAR 6

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-6-50

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

Walter E. Moyer

Licensed Embalmer No. 4491

P. O. Address Boonville, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.